

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Elect Alyssa Silhi for Lincoln City Council 2018			Date of This Filing 10/5/2018	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only <b>RECEIVED</b> OCT 05 2018 CITY OF LINCOLN
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1408972		Report No. 497.008	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	
STREET ADDRESS					
CITY Lincoln	STATE CA	ZIP CODE 95648			

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/5/2018	Committee for Home Ownership of the Northstate Building Industry Assoc. ID# 782240 Sacramento, CA 95833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee